

An Accurate and Representative Survey of Attitudes toward Standards of Practice Among Chiropractors

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Recent articles in some chiropractic publications have suggested that the standards of practice effort being made by the chiropractic colleges and institutions in the Consortium for Chiropractic Research represents a limited viewpoint which is not representative of the entire profession. It has also been suggested that the consortium might eventually attempt to impose standards upon the the profession-at-large based upon this limited viewpoint.

Such opinions are not well-informed regarding the general process of developing standards of care.

In fact, a critically important early part of any standards of practice process is a truly representative survey of the attitudes and opinions of the profession about the process. This is just common sense. To go to all the expense and trouble of developing standards of practice without consulting the profession for whom they are being developed would be an unrealistic exercise in futility -- simply because experience in the development of standards of care in other health care professions has shown time and time again that practice standards mean nothing if there is poor compliance to them within the profession.

And the best, the only way to assure eventual profession-wide compliance is to take the attitudes and opinions of the entire profession into account as an integral part of the process of developing standards, right at the beginning of the process. Anyone who has taken even a moment to consider the standards of care process must realize that this isn't just a good idea, it is an absolutely essential one!

But we can't just guess about it, or ask a few of our friends, or even poll the members of the consortium or the faculty in the chiropractic colleges, or any single group in chiropractic. None of these will generate a representative sample of the chiropractic profession.

The consortium is in the process of surveying a representative sample of all the chiropractors in the United States, a sample which will be projectable; that is, one which is truly representative and accurate. This means that we are randomly sampling all chiropractors, not just those listed in the American Chiropractic Association or the International Chiropractic Association or in any state association or group, but every chiropractor in practice.

We are using professional scientific survey techniques, exactly the same kind which are used to predict the outcomes of elections within one or two percent of the actual vote. This process begins with "focus groups." These are group interviews with a dozen or so chiropractors at a time, held in different parts of the country, just to make sure we include all the concerns that chiropractors have, and that we haven't missed putting a particular question on the survey. But the focus groups are only a

beginning. Once we have determined all the general concerns from the focus groups, we must turn these into specific questions which state the case in an unambiguous way, and which are easy to analyze and make sense of later. The questionnaire must be of manageable length, and not hard to deal with by a busy doctor. Next the sample -- the list of the doctors who will be mailed the questionnaire must be generated from a complete list of all the chiropractors in the country. The thousands of doctors whose answers will be analyzed will be drawn at random to avoid any bias, and to really get a representative picture of the entire profession. Mail-outs must be done several times, to get as many people as possible to respond from the original random list. Non-responders must be tracked and contacted by phone if necessary.

Finally, to inform everyone else about what the survey was like, we will be publishing the actual questionnaire used right here in "DC." (Of course, we will also be publishing the questionnaire and the exact methodology we used including the results obtained, in a scientific, peer-reviewed journal.)

We hope that this brief description makes it abundantly clear that not only has the consortium no intent or interest in developing or attempting to "impose" standards of care which are nonrepresentative, but that we clearly understand that to do so would be to insure the failure of the effort. We trust that those who may have thought otherwise, out of ignorance, will take the minimal time and effort in the future to contact the consortium (or to review the standards of care literature) before commenting in print.

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